

W21000005799

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W210000057817

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04/06/21--01018--027 **130.00

FILED
2021 MAY 14 PM 4:05
CLERK OF STATE
TALLAHASSEE, FL

VS
5/14/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2021

DIANA B. GIBSON
31 VILLERE PLACE
DESTREHAN, LA 70047

SUBJECT: G.D. GIBSON NOLA PROPERTIES 2 LLC
Ref. Number: W21000057817

*See page 2
Cert. of good standing is
attached
DBL
May 7-2021*

We have received your document for G.D. GIBSON NOLA PROPERTIES 2 LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 321A00008723

RECEIVED
MAY 10 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

G.D. GIBSON NOLA PROPERTIES 2 LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DIANA B GIBSON

Name of Person

GD GIBSON NOLA PROPERTIES 2 LLC

Firm/Company

31 VILLERE PLACE

Address

DESTREHAN, LA 70047

City/State and Zip Code

dgibso22@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana Gibson

504

382-6330

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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2021 MAY 14 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FL

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

G.D. GIBSON NOLA PROPERTIES 2 LLC

1. _____
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "L.L.C.")

STATE OF LOUISIANA, USA

2. _____
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 86-2966499
(FEI number, if applicable)

HAVE NOT TRANSACTED BUSINESS IN FLORIDA YET

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

31 Villere Place, Destrehan, LA. 70047

31 Villere Place, Destrehan, LA 70047

5. _____
(Street Address of Principal Office)

6. _____
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Diana Gibson

Office Address: Beach Colony Resort, unit 10D Tower 13599 Perdido Key Drive
B599 Perdido Key Dr.
Pensacola 32507
_____, Florida _____
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Diana Gibson
(Registered agent's signature)

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SECRETARY OF STATE
TALLAHASSEE, FL

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Diana Gibson	<input checked="" type="checkbox"/> Manager	Name: Kailee D Gibson
<input checked="" type="checkbox"/> Member	Address: 31 Villere Place, Destrehan, LA	<input checked="" type="checkbox"/> Member	Address: 31 Villere Place, Destrehan, LA
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Kinsey N Gibson	<input checked="" type="checkbox"/> Manager	Name: Gregory Gibson
<input checked="" type="checkbox"/> Member	Address: 5248 Laurel St. New Orleans, LA	<input checked="" type="checkbox"/> Member	Address: 31 Villere Place, Destrehan, LA
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Diana Bolds Gibson
Signature of an authorized person

Diana Bolds Gibson

Typed or printed name of signee



R. Kyle Ardoin

SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

G.D. GIBSON NOLA PROPERTIES 2 LLC

A limited liability company domiciled in DESTREHAN, LOUISIANA,

Filed charter and qualified to do business in this State on August 06, 2019,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

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SECRETARY OF STATE
LOUISIANA

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

May 4, 2021



R. Kyle Ardoin

Secretary of State

Web 43559826K

Certificate ID: 11385640#62N83

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov